

TOWN OF SPRINGERVILLE

***“A Community for all Seasons”***

AUTHORIZATION AND RELEASE OF LIABILITY

I, \_\_\_\_\_, have applied for employment with the Town of Springerville. I hereby authorize the Town to contact all former and current employer references or other references listed, as well as any educational institutes listed on my application. All references and educational institutions are authorized to release all information they may have about me with regard to my application for employment with the Town.

I HEREBY RELEASE THE TOWN OF SPRINGERVILLE AND ITS EMPLOYEES, AS WELL AS ALL REFERENCES AND EDUCATIONAL INSTITUTES FROM ANY LIABILITY TO ME OR MY PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS FOR ANY LIABILITY OR DAMAGES WHICH MAY RESULT OR BE CLAIMED BECAUSE OF INFORMATION PROVIDED, OR BECAUSE OF THE FACT THAT ANY INFORMATION WAS PROVIDED, I FURTHER AGREE TO DEFEND AND HOLD HARMLESS THE TOWN OF SPRINGERVILLE AND ANY REFERENCES OR EDUCATIONAL INSTITUTIONS FROM ANY CLAIMS DEMANDS, LAWSUITS, JUDGMENTS OR ANY OTHER LIABILITY WHATSOEVER RELATING TO INFORMATION PROVIDED WHICH RELATES TO MY APPLICATION FOR EMPLOYMENT WITH THE TOWN OF SPRINGERVILLE.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

TOWN OF SPRINGERVILLE  
*"A Community for All Seasons"*

Town of Springerville  
418 E. Main Street  
Springerville, AZ 85938  
(928) 333-2656  
Fax (928) 333-3056

APPLICATION FOR EMPLOYMENT

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE  
FILLING OUT YOUR APPLICATION FOR EMPLOYMENT

TYPE OR PRINT CLEARLY IN INK ONLY.

All requested information must be furnished.

If an item does not apply to you, or if there is no information to be given, write in the letters "NA" for Not Applicable.

All information contained on the application is subject to verification. Any omissions or misstatements may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from Town service.

Note, for completing "Employment History": Fill in ALL spaces accurately and completely. The information you give will be used to determine your qualifications for employment. List all work/volunteer experience which is related to the job for which you are applying.

When a block contains experience in more than one type of work (i.e. Personnel, budget, director, etc.), estimate and indicate the approximate percentage of time spent on each duty. Use separate blocks if your duties, responsibilities or salary level changed materially while working for the same employer.

A RESUME MAY BE SUBMITTED IN PLACE OF EDUCATION AND PREVIOUS EMPLOYMENT. HOWEVER, YOU MUST COMPLETE ALL OTHER INFORMATION REQUESTED ON THE APPLICATION. (Resume Attached \_\_\_yes \_\_\_No)

POSITION APPLIED FOR:

YOU'RE SALARY REQUIREMENTS:

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS: \_\_\_\_\_

(Street & P.O. Box)

(City)

(State)

(Zip)

HOME PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE? \_\_\_\_\_

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? \_\_\_\_\_

(Proof will be required upon hiring)

THE TOWN OF SPRINGERVILLE IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH AMERICANS WITH DISABILITIES ACT.

You will accept:

- ☐ REGULAR  
☐ Full-Time  
☐ Part-Time

- ☐ TEMPORARY  
☐ Full-time  
☐ Part-Time  
☐ On Call

Shift work you will accept:

- ☐ Days  
☐ Evenings  
☐ Nights  
☐ Rotating

How did you learn  
of this position?

- ☐ Newspaper  
☐ Job Board  
☐ Job Service  
☐ Other

\_\_\_\_\_

CHECK THE APPROPRIATE BOX:	Yes	No	CHECK THE APPROPRIATE BOX	YES	NO
A. Are you a U.S. Citizen or do you have the legal right to remain permanently in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	F. Have you ever been discharged or requested or forced to resign from any position?	<input type="checkbox"/>	<input type="checkbox"/>
B. If required to drive a town vehicle, Do you possess a valid AZ driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	G. Do you have any reason to believe you will be discharged or requested to resign from your current position within the next thirty (30) days?	<input type="checkbox"/>	<input type="checkbox"/>
License No.: _____					
Expiration Date: _____					
C. Have you ever worked for the Town of Springerville?	<input type="checkbox"/>	<input type="checkbox"/>	H. Have you ever served in the Armed Forces? Branch: _____	<input type="checkbox"/>	<input type="checkbox"/>
When? _____			From: _____ to _____		
			(Mo/Yr) (Mo/Yr)		
D. Are any of your relatives, either by blood or marriage, employed by The Town of Springerville?	<input type="checkbox"/>	<input type="checkbox"/>	I. Are you eligible to be registered for Selective Service?	<input type="checkbox"/>	<input type="checkbox"/>
E. Except for minor traffic violations, were you ever convicted of any federal, State, local or military law or statute? Conviction of a crime will not be an absolute bar to employment. PLEASE NOTE:	<input type="checkbox"/>	<input type="checkbox"/>	J. Have you registered for Selective Service?	<input type="checkbox"/>	<input type="checkbox"/>
			K. If the answer is "yes" to questions D, E, F, or G, please explain in the space provided below (Explanation does not preclude employment.)		

Explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION

Did you receive a High School diploma?    ( ) Yes    ( ) No    G.E.D.    Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name (s) of Colleges or Universities attended:	Dates:	Credits:	Degree/Year
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Chief Undergraduate Courses	Hours	Chief Graduate Courses	Studies	Hours
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trade, Technical, Business, Correspondence or other	Dates Attended	Courses Studied
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_____	_____	_____
_____	_____	_____

License, Trade or Professional Registration

Honors, Awards, Fellowships

_____	_____
_____	_____
_____	_____

EMPLOYMENT HISTORY

Show complete experience related to the job for which you are applying; military and volunteer experience. Give additional experience when it applies to the position you are seeking. Be accurate and complete. Your qualifications will be evaluated on the basis of the information provided on this application. Start with your present or last position and proceed in reverse chronological order. The Town will contact previous employers and any hiring decision made by the Town is contingent upon favorable references from your current and prior employers.

PRESENT OR MOST RECENT JOB:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Department: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Name/Title of Department Head or Business  
# of Workers Directly Supervised: \_\_\_\_\_ Owner: \_\_\_\_\_  
Equipment or machinery operated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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Describe each major function or duty you performed: _____ _____ _____ _____ _____ _____	Dates: of employment: FROM: _____ TO: _____ TOTAL MONTHS WORKED: _____ Hours per week: _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____ May we contact your present employer prior to Employment?    ( ) Yes            ( ) No
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Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

SECOND MOST RECENT JOB:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Kind of business: \_\_\_\_\_ Department: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Name/Title of Department Head or Business  
# Workers Directly Supervised: \_\_\_\_\_ Owner: \_\_\_\_\_  
Equipment or machinery operated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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Describe each major function or duty you performed: _____ _____ _____ _____ _____ _____	Dates: of employment: FROM: _____ TO: _____ TOTAL MONTHS WORKED: _____ HOURS PER MONTH: _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____ May we contact your present employer prior to Employment?    ( ) Yes    ( ) No
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Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

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MEDICAL EXAMINATION:

A job-related medical examination and or drug/alcohol screening and fingerprinting may be required for the job you are applying for and an offer of employment will be contingent upon your passing said examination(s).

REFERENCES:

List two persons who have known you for at least five (5) years and one person who lives in your immediate neighborhood

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

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COMMENTS:

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READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:

I hereby certify and represent that all information given on this application and any supporting information is true and complete. I understand that any falsification or material omission of information is grounds for refusal to hire or, if hired, are grounds for termination. I hereby grant the Town of Springerville permission to contact any person or organization and question them about my job related suitability. I understand that the application with all its attachments will be the property of the Town of Springerville and considered a public record under Arizona State law and therefore subject to release without notice. **I will keep the Personnel Director advised about any changes of address or telephone number so long as I am employed or being considered for employment by the Town of Springerville.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PERSONNEL DEPARTMENT USE ONLY

Date: \_\_\_\_\_

Received: \_\_\_\_\_ ( ) Accepted

Reviewed: \_\_\_\_\_ ( ) Rejected